LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Doger

FOR OFFICE	USE	ONLY
Postmark Date:	1-1	1-20

1000:60

Instructions

- Print in ink of type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a labbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January
- 337/234-5025 2. BUSINESSPHONE Area Code and Phone Number 110 E. Kaliste Saloom Rd., Lafayette, La. 70508 3. BUSINESS ADDRESS Street and No. State Zip MAILING ADDRESS P.O. Box 80655, Lafayette, la. 70598 Allen R. Bares 4. EMPLOYER 5. EMPLOYER'S ADDRESS P.O. Box 80655, LaFayette, La.
 Street and No. City 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or (d) whether or not the client or someone else pays you to lobby.
- organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group;
 - 1. Name Eyangeline Downs, Inc. Address P.O. Box 90270, Lafayette, La. 70509 Does this person pay you?___ven.... If No, who pays you?

. - LOBBYING REGISTRATION FORM



2.√	Name	GlaxoWellcome, Juc.
	Address	Five Moore Drive, Research Triangle Park, N.C.
	Business or po	прос разумательного разумательного прости пр
	Does this pers	on pay you?yes
	If No, who pa	ys you?
3. 🗸	'Name	City/Parish of Lafayette
	Address	Lafayetto, Louisiana
		upose
		on pay you? <u>yes</u>
	If No, who pa	yş you?
4.1	Name	Louisiana Life Underwriters Association
	Address	5526 Galeria Dr., Raton Rouge, La. 70816
	Business or pu	upose 1tfe insurance
	Does this pers	On pay you? <u>yes</u>
	If No, who pay	ys you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correinformation, and belief, and that no information required by the Lobbyist i seq.] has been deliberately omitted.

Signature of Lobbyist



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Popu	Aistiz-Kear	THE PROPERTY A	mber:
100	Cur Atlanta		

5.2x Name	Lafayette Economic Development Authority		
Address	211 E. Devalcourt, Lafayette, LA 70506		
Business or	economic development		
Does this pe	rson pay you?		
If No, who p	ays you?		
6. x. Name	Louisiana Association of Indigent Defenders		
Address	P.O. Box 82394, Lafayette, La. 70598		
	criminal defense		
Does this pe	твол рау уоц?УСБ		
If No, who p	Bys you?		
7, 1 Name	Name American Check Cashers, Inc.		
Address	Address 600 Jefferson Street, Box 98, Lafayette, La. 70501		
Business or 1	check cashing		
Does this per	rson pay you?_Yes		
If No, who p	ays you?		

CHRITIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
FHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION

ONLY

Form 500, Rev. 6/89

LOBBYING REGISTRATION FORM



8.x / Xame	Metro Preferred Home Care	
	3017 No. Causeway Blwd., Meta Suite 203	sirie,LA 70002
Business	or purpose home health	+ + - 1
Does this	регани рау уоц? <u>уас</u>	
If No. wh	ro baka hori,	
9.≵ √Name	Haynle & Associates	
	Batton Rouge La	
Business	lobbying or purpose	
Does this	person pay you qyes	
If No, wb	o pays you?	
. Name		
Address_		··-··
Business	or purpose	
Does this	person pay you?	
If No, wh	to pays you?	- Q- <u>Ap</u> -1, -1-

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

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